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CONFIRMATION NO. 3027

<b>SERIAL NUMBER</b> 10/805,843	<b>FILING OR 371(c) DATE</b> 03/22/2004 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> ROMERO
<b>APPLICANTS</b> Gonzalo Romero-Matos, Saint Petersburg, FL;				
<b>** CONTINUING DATA *****</b> This appln claims benefit of 60/465,760 04/28/2003 <i>SH</i> <b>** FOREIGN APPLICATIONS *****</b> <i>Nme SH</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/31/2004				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 11
Verified and Acknowledged <i>SH</i> Examiner's Signature Initials			<b>INDEPENDENT CLAIMS</b> 2	
<b>ADDRESS</b> GONZALO ROMERO M APT #2 455 39TH AVE NORTH SAINT PETERSBURG, FL33703-6118				
<b>TITLE</b> Devastating treatment against hiv/aids with capsaicin				
<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	